

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/12/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/14/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	167	295	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
		8599	275	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	73	688	1556	868
		8931	61	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	11	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	31	267	176
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404905	TREND COMM MENT AL HLTH CTR	8525	50	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		0	0		0	50	50	0
3404907	RUTHERFORD-POLK	8526	386	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		191	29	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	415	415	0
3404910	PATHWAYS	8599	348	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	269	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	784	14690	13902
		27	61	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404912	CATAWBA COUNTY ENTAL HEALT	8931	105	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	110	151	1076	869
		27	16	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404913	MECKLENBURG COM ENTAL HEALT	8599	1376	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	832	CLIENT NOT ELIGIBLE ON SERVICE DATE	931	3356	6233	2674
		8933	495	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		0	0		0	0	7	0
3404917	CENTERPOINT HUM	8517	568	CLAIMS DENIED, SUBMITTED BEYON				
	AN SERVICES			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	167	CLAIM DENIED, SUBMITTED BEYOND	2	740	837	11
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404918	ROCKINGHAM CO M	8599	44	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	7	ASTNC INELIGIBLE TO RECEIVE SE	7	56	428	364
				RVICES IN IPRS.				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404919	GUILFORD CO MEN	8518	225	CLAIM DENIED, SUBMITTED BEYOND				
	TAL HEALTHC			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	102	DETAIL NOT COVERED BY COMBINAT	42	448	3442	2534
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	35	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
		0	0		0	0	7	0
3404921	ORANGE PERSON C	8599	90	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	50	DUPLICATE OF CLAIM-SYSTEM	30	255	1731	1440
		5404	42	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT	8518	98	CLAIM DENIED, SUBMITTED BEYOND				
	ER			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	55	CLAIMS DENIED, SUBMITTED BEYON	0	153	153	0
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404923	VGFW AREA AUTHO	8599	528	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	37	DIAGNOSIS OR SERVICE INVALID F	0	583	2062	1474
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404925	SANDHILLS CENTE R FOR MH/DD	8599	723	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	475	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	292	2407	8125	5671
		8517	317	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	292	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	265	CLIENT NOT ELIGIBLE ON SERVICE DATE	57	767	2883	2083
		8517	36	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404927	CUMBERLAND CO M HC	8599	279	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	22	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1	385	3768	3054
		8622	21	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE BARNETT MH/ DD/SAS	8518	14364	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8599	869	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	15847	21537	5674
		21	424	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL WLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	8599	187	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	110	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	185	583	16117	2664
		8931	73	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	56	CLIENT NOT ELIGIBLE ON SERVICE DATE	19	209	5462	2789
		8000	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404934	ONSLOW COUNTY B EHAVIORAL H	8326	86	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	171	419	248
		11	37	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	1309	DUPLICATE OF CLAIM-SYSTEM				
		8518	25	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	13	1360	2456	1082
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8517	61	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	110	2997	2878
		8518	9	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404938	VGFW DBA RIVERS TONE COUNSE	24	12	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		120	6	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	10	33	210	175
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8526	9	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	0	44	1340	1275
		8517	4	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404941	PITT CO MR/DD/S AS CENTER	8599	320	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	93	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	20	546	1611	553
		120	43	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8517	15	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	9	40	248	199
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8505	5	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	20	25
		191	1	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME			
3404944	EASTPOINTE HUMAN SERVICES	8931	85	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
		8599	80	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	189	387	2942
		8935	78	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	2
3404979	DAVIDSON COUNTY MENTAL HEALTH CT	8517	2	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED			
		0	0		0	0	0